

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 16 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1118</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAMES</u> <u>A</u> <u>STRAYER</u> P.O. Box, Bldg., Room No., if any <u> </u> Street <u>1533 HOWARD CT.</u> City <u>HOBART</u> State <u>INDIANA</u> ZIP Code + 4 <u>46342</u>	4. Name, file number, and address of labor organization. Name <u>NORTHWESTERN INDIANA BUILDING & CONSTRUCTION TRADES COUNCIL</u> Labor Organization File Number <u>040906</u> P.O. Box, Building and Room Number, if any <u> </u> Street <u>6415 KENNEDY AVENUE</u> City <u>HAMMOND</u> State <u>INDIANA</u> ZIP Code + 4 <u>46323</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name <input type="text"/>	<input type="text"/>
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.b. Amount.
	<input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James Strayer

On

08/11/2005

Date _____

219-989-7920

Telephone Number

Name of Person Filing JAMES A. STRAYER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name AMALGAMATED BANK OF CHICAGO Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street ONE WEST MONROE City CHICAGO State ILLINOIS ZIP Code + 4 60603-5301	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> BULLS TICKETS AND FOOD FEBRUARY 17, 2004 BULLS TICKETS \$285.00 A PERSON X 2=\$570.00 FOOD \$30.77 X 2 = \$61.54 </div> 11.b. Approximate dollar value of such dealing. \$631.54 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px;"></div> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div> 14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<div style="border: 1px solid black; height: 30px;"></div>